# Wisconsin Partnership Program and PACE



## Wisconsin Partnership Program

- Risk-based, managed care program
  - Contract with private, non-profit Care
    Management Organizations (CMOs)
  - Enrolls eligible people within the service area who choose to enroll
  - Receives monthly capitated payment for each person enrolled
- Operates under an 1115/222 demonstration waiver



## What is Partnership?

- Fully integrated acute, primary and long-term care program
  - Home and community-based waiver services
  - All Medicaid card services
  - All Medicare card services
  - Combined into one flexible benefit



	COP-W/CIP II	Family Care	Partnership
*Medicare (Title 18) Services	Use Medicare first	Use Medicare first	X
			X
Primary and Acute Health Care	Medicare or Medicaid	Medicare or Medicaid	
Physician Services	Medicare or Medicaid	Medicare or Medicaid	X
Emergency Hospitalization	Medicare or Medicaid	Medicare or Medicaid	X
Prescriptions	Medicaid	Medicaid	X
Dental Care	Medicaid	Medicaid	X
Podiatry	Medicaid	Medicaid	X
Vision (including eye glasses)	Medicaid	Medicaid	X
Mental Health or Drug and Alcohol Treatment	Medicare or Medicaid	Medicare or Medicaid	
or services provided by MD)	for inpatient treatment	for inpatient treatment	X
Home Health or Personal Care	Medicare or Medicaid	Χ*	Х
Hospice	Medicare or Medicaid	X *	Х
Nursing Home	Medicare or Medicaid	X *	Х
Physical, Speech or Occupational Therapy	Medicare or Medicaid	X *	Х
Durable Medical Equipment			
(i.e., wheelchair)	Medicare or Medicaid	Х*	X
Disposable Medical Supplies			
(i.e., diapers, gloves)	X	X	X
Service Coordination	X	Х	Х
Supportive Home Care	X	Х	Х
Residential Care and Housing	X	Х	Х
Adult Day or Respite Care	X	Х	Х
Home Delivered Meals	X	Х	Х
Home Modifications	X	X	Χ
Transportation	Х	Х	Х
* Fodoral law requires that private insurance and	d Madiaara (Titla 19) ara b	illed prior to Medicaid (7	Title 10)

000 W/OID II

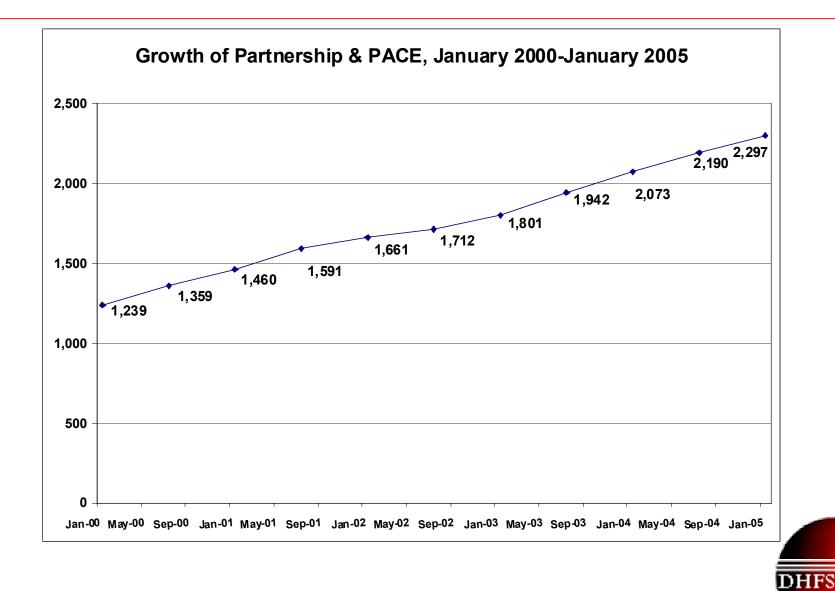
<sup>\*</sup> Federal law requires that private insurance and Medicare (Title 18) are billed prior to Medicaid (Title 19). NOTE: In managed care programs (Family Care, PACE/Partnership and iCare), most services require prior authorization and must be obtained through contracted providers.

#### Wisconsin Partnership Program Counties and Organizations





Division of Health Care Financing - Division of Disability & Elder Services Medicaid Services to Seniors - February 9, 2005



# Characteristics of Partnership's Frail Elderly

- All are Medicaid eligible and 95% are also Medicare eligible
- 69% are female, 31% are male
- Average age is 77
- Members have an average of 19 diagnoses
- More than 90% live in the community
- Members need help with an average of 3 ADLs and 4.4 IADLs



## Partnership Care Management

#### The care management team:

- Member
- Nurse practitioner
- Nurses
- Social worker
- Support staff
- Physician, therapists and others, as needed

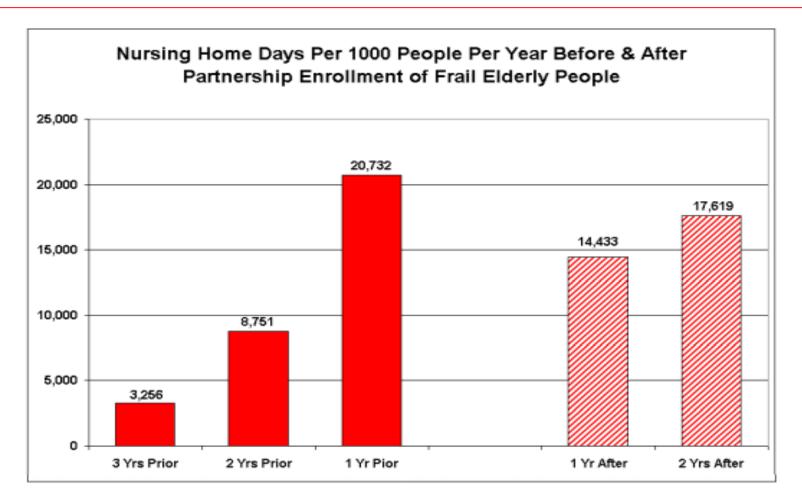


# Partnership Quality Assurance

## Required annual Quality Improvement plan

- Fall prevention
- End-of-life care
- Disease management







#### **PACE**

- Program of all-inclusive care for the elderly
- Operates in Milwaukee County and 20 + urban areas across the country
- Originally a demonstration program like Partnership
- Fully integrated, Medicaid/Medicare managed care program.



## PACE vs. Partnership

### Two key differences:

- PACE uses staff physicians while Partnership allows the member to bring his/her physician into the program.
- PACE delivers most nursing care in a day activity center while Partnership does not require day center attendance but delivers care at home.

